



# KCMO HEALTH DEPARTMENT AIR QUALITY PROGRAM

2400 TROOST AVE, SUITE 3200  
KANSAS CITY, MO 64108  
Phone: (816) 513-6314 Fax: (816) 513-6290



Public Health

## OFFICE USE ONLY

CHECK NO.:	CHECK RECD:
CHECK AMOUNT: \$	CHECK DATE:
PERMIT #	APPROVED BY:

## APPLICATION FOR AUTHORITY TO CONSTRUCT/OPERATE

As set forth in the Kansas City, Missouri Code of Ordinances, Section 8-20(b)(1)a., each company that submits and application to be issued a construction permit shall be sent an invoice for the technical review hours of any reviewer at an hourly rate of \$50.00, but in no case shall exceed \$10,000 for any one permit construction. Applicable sections/forms must be filled out entirely. Incomplete applications will result in a written request for additional information (Deficiency Letter) and increased time for permit issuance.

Minimum number of Forms required with every application: Main Page, Project Description Page, Form 1.1, Form 1.2, Form 1.3, and Form 2.0.

1.) INSTALLATION NAME		
2) INSTALLATION STREET ADDRESS		
3.) INSTALLATION MAILING ADDRESS		
4.) FINAL PRODUCT / PRINCIPLE ACTIVITY	5.) NAICS CODE	6.) SIC CODE
7.) PARENT COMPANY		
8.) PARENT COMPANY MAILING ADDRESS		
9.) PARENT COMPANY CITY	STATE	ZIP CODE
10.) CONTACT PERSON	CONTACT PERSON'S TITLE	
11.) CONTACT PERSON'S MAILING ADDRESS		
12.) CONTACT PERSON'S CITY	STATE	ZIP CODE
13.) CONTACT PERSON'S TELEPHONE NUMBER	14.) CONTACT PERSON'S FAX NUMBER	
15.) CONTACT PERSON'S EMAIL ADDRESS		
16.) THIS APPLICATION IS FOR Modification or Addition to an Existing Installation or New Installation <input type="checkbox"/> New Installation <input type="checkbox"/> Amendment to Existing Permit: Permit No. _____ Temporary / Pilot Plant <input type="checkbox"/>		
17.) Plant ID Number		
18.) PROJECTED DATE TO COMMENCE CONSTRUCTION	19.) PROJECTED DATE OF OPERATION STARTUP	

**APPLICANT'S CERTIFICATION STATEMENT:** I certify that I have personally examined and I am familiar with the information in this application and believe that the information submitted is accurate and complete. I am aware that making a false statement or misrepresentation in this application is grounds for denying or revoking the construction permit. I may also be guilty of a misdemeanor and upon conviction, may be punished by fine or imprisonment.

20.) SIGNATURE OF RESPONSIBLE OFFICIAL	21.) DATE
22.) PRINT NAME OF RESPONSIBLE OFFICIAL	23.) RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER
24.) OFFICIAL TITLE OF RESPONSIBLE OFFICIAL	



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25.) PROJECT DESCRIPTION AND NARRATIVE

Enter a description and/or narrative of the project included with this application. Your description should give a clear understanding of the processes and equipment involved. Also, any production increases or limitations that are desired should be included in this description. The description/narrative should follow the processes listed on Form 1.1, Process Flow Diagram.



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**Emission Information for Air Construction Permit Application**

**Form 1.1** Process Flow Diagram for Facility According to Proposed Application

<p>(a.) INSTALLATION NAME:</p> <p>For a new installation, show the entire installation. For an addition to an existing installation, show only the new processes/equipment/emission points and begin the ID numbering where the existing EIQ emission point numbers leave off. If the application is for a modification or an addition to an existing emission point or unit, show the upstream and downstream point(s) or the equipment that this modification will affect</p>	<p>(b.) PLANT #</p>



**Form 1.2** Summary of Emission Points Affected by this Application (duplicate this form as needed)

[illegible]



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Form 1.3 Plant Layout Diagram**

(a) INSTALLATION NAME	(b) PLANT NO.
<p>Please use this page or a separate sheet to provide a Plant Layout Diagram</p> <p>Your property lines must be clearly identified. The length of property lines must be indicated. Indicate distance from buildings to each property line. All buildings must be correctly located on the diagram with length, width and height shown for each building. If there are stacks or vents with pollutant emissions, the locations and heights above the ground must be on the diagram. If you have any haul roads, paved and/or unpaved, draw them in. The length to show on the diagram is the length inside your property. Public roads on your property, even if unpaved, must be shown. Open storage piles must be shown. If a fence or fence-line is located on your property, show the fence on the diagram.</p>	



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## Emission Information for Air Construction Permit Application Form 2.1 Fuel Combustion Information (duplicate this form as needed.)

(a) INTALLATION NAME:				(b) PLANT NO.:						
<b>POINT IDENTIFICATION</b>										
POINT NO. (c.)		POINT DESCRIPTION (d.)								
SOURCE CLASSIFICATION CODE (SCC) (e.)				MAKE (f.)		MODEL (g.)		YEAR (h.)		
<b>STACK/VENT PARAMETERS</b>										
STACK NO. (i.)		HEIGHT (FT) (j.)			DIAMETER (FT) (k.)					
TEMPERATURE (F) (L.)		VELOCITY (FT/MIN) (m.)			FLOW RATE (STANDARD CUBIC FT/MIN) (n.)					
<b>OPERATING RATE/SCHEDULE</b>										
EXPECTED ANNUAL THROUGHPUT (o.)			UNITS (p.)		MAXIMUM HOURLY DESIGN RATE (q.)			UNITS/HR (r.)		
HOURS/DAY (s.)			DAYS/WEEK			WEEKS/YEAR				
<b>AIR POLLUTION CONTROLS</b>										
DEVICE NO. (t.)		CONTROL DEVICE DESCRIPTION (u.)			Control Device Destruction/Removal Efficiency % (v.)					
DEVICE NO.		DESCRIPTION OF COLLECTION/SUPPRESSION SYSTEM (w.)								
<b>CALCULATION SECTION (x.)</b> * If emission factor source is Engineering Calculation please provide calculations on separate page										
POLLUTANT	EMISSION FACTOR	EMISSION FACTOR SOURCE *	EMISSION FACTOR UNITS	OVERALL CONTROL EFFICIENCY	EMISSION RATE (LB/HR)		POTENTIAL EMISSIONS (TONS/YR)			



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## Emission Information for Air Construction Permit Application

Form 2.1 Fuel Combustion Information (duplicate this form as needed.)

INSTALLATION NAME (a.)		PLANT NO. (b.)																						
<b>COMBUSTION EQUIPMENT INFORMATION</b>																								
POINT NO. (c.)	SCC (d.)																							
(e.) EQUIPMENT DESCRIPTION (MAKE/MODEL)		(f.) YEAR PUT IN SERVICE	(g.) MAXIMUM DESIGN RATE (MILLION BTU/HR)																					
Sum of Total Maximum Hourly Design Rates																								
<b>FUEL INFORMATION</b>																								
(h.) FUEL TYPE																								
<table><tr><td><b>Oil</b></td><td><b>Gas</b></td><td><b>Coal</b></td><td colspan="2"><b>Other</b></td></tr><tr><td><input type="checkbox"/> Distillate (Fuel Oil 1-4)</td><td><input type="checkbox"/> Natural Gas</td><td><input type="checkbox"/> Anthracite</td><td colspan="2"><input type="checkbox"/> Refuse</td></tr><tr><td><input type="checkbox"/> Residual Fuel Oil (5-6)</td><td><input type="checkbox"/> LPG/Propane</td><td><input type="checkbox"/> Bituminous</td><td colspan="2"><input type="checkbox"/> Trade</td></tr><tr><td><input type="checkbox"/> Wastes Waste Oil (specify)</td><td></td><td><input type="checkbox"/> Lignite</td><td colspan="2"><input type="checkbox"/> Other</td></tr></table>					<b>Oil</b>	<b>Gas</b>	<b>Coal</b>	<b>Other</b>		<input type="checkbox"/> Distillate (Fuel Oil 1-4)	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Anthracite	<input type="checkbox"/> Refuse		<input type="checkbox"/> Residual Fuel Oil (5-6)	<input type="checkbox"/> LPG/Propane	<input type="checkbox"/> Bituminous	<input type="checkbox"/> Trade		<input type="checkbox"/> Wastes Waste Oil (specify)		<input type="checkbox"/> Lignite	<input type="checkbox"/> Other	
<b>Oil</b>	<b>Gas</b>	<b>Coal</b>	<b>Other</b>																					
<input type="checkbox"/> Distillate (Fuel Oil 1-4)	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Anthracite	<input type="checkbox"/> Refuse																					
<input type="checkbox"/> Residual Fuel Oil (5-6)	<input type="checkbox"/> LPG/Propane	<input type="checkbox"/> Bituminous	<input type="checkbox"/> Trade																					
<input type="checkbox"/> Wastes Waste Oil (specify)		<input type="checkbox"/> Lignite	<input type="checkbox"/> Other																					
FUEL (i.)	ANNUAL THROUGHPUT (j.)	UNITS (k.)	% SULFUR BY WEIGHT (L.)	% ASH BY WEIGHT (m.)																				
FUEL TOTALS AND WEIGHTED AVERAGES																								
Comments:																								



**Form 2.3** Uncontrolled VOC Emission Information (duplicate this form as needed)

Revised Nov 2014





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**Emission Information for Air Construction Permit Application**

**Form 2.4 Petroleum Liquid Loading Information (duplicate this form as needed)**

INSTALLATION NAME (a.)		PLANT NO. (b.)
<p>NOTE: This form should be filled out to provide information to calculate the emissions from loading organic liquids into tank trucks, rail tank cars and barges. From 2.5 should be filled out to calculate the Load In - Load Out emissions from storage tanks.</p>		
<b>LOADING INFORMATION</b>		
POINT NO. (c.)	SCC CODE (d.)	ANNUAL THROUGHPUT OF LIQUID (1,000 GALLONS) (e.)
CONTROL DEVICE TYPE (f.)		CONTROL EFFICIENCY (%) (g.)
(h.) TYPE OF LOADING		
Splash Loading <input type="checkbox"/> Submerged Loading <input type="checkbox"/>		
Bottom Loading <input type="checkbox"/> Other (specify) <input type="checkbox"/>		
<b>CHEMICAL INFORMATION</b>		
BULK LIQUID TYPE (i.)	TRUE VAPOR PRESSURE OF BULK LIQUID (PSIA) (j.)	
MOLECULAR WEIGHT OF MATERIAL LOADED (LB/LB-MOLE) (k.)	SATURATION FACTOR (L.)	
TEMPERATURE OF LIQUID (DEG F) (m.)		
Comments:		



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## Emission Information for Air Construction Permit Application

### Form 2.5 Organic Liquid Storage. A. Fixed Roof Tank Information (duplicate this form as needed.)

INSTALLATION NAME (a.)				PLANT NO. (b.)	
For use with 500 gallons or greater capacity liquid storage tanks. Please include all organic liquids, petroleum products or fuels.					
<b>TANK INFORMATION</b>					
POINT (TANK IDENTIFICATION) NO. (c.)		CAPACITY (IN THOUSANDS OF GALLONS) (d.)		DIAMETER (FT) (e.)	
HEIGHT (FT) (f.)		LENGTH (FT) (g.)			
COLOR (SHELL) (h.)		COLOR (ROOF) (i.)		TYPE OF ROOF: (j.) <input type="checkbox"/> Cone <input type="checkbox"/> Dome <input type="checkbox"/> Other (specify)	
YEAR PLACED IN SERVICE (k.)		AVERAGE LIQUID HEIGHT (FT) (L.)		ROOF HEIGHT (FT) (m.)	
VENT PRESSURE SETTING (n.)		VENT VACUUM SETTING (o.)		THROUGHPUT (IN THOUSAND OF GALLONS PER YEAR) (p.)	
<b>CHEMICAL INFORMATION</b>					
CHEMICAL* (q.)		CAS NUMBER (r.)		VAPOR MOLECULAR WEIGHT (s.)	
AVERAGE LIQUID SURFACE TEMPERATURE (F) (t.)		VAPOR PRESSURE AT AVERAGE LIQUID SURFACE TEMPERATURE (PSIA) (u.)			
*MIXTURE - PROVIDE DOCUMENTATION FOR MULTIPLE COMPONENT MIXTURE					
<b>B. Floating Roof Tank Information (duplicate this form as needed.)</b>					
Please provide all the following information for liquid storage tanks with capacities greater than 500 gallons. Please include all organic liquids and petroleum products or fuels.					
<b>TANK INFORMATION</b>					
POINT (TANK IDENTIFICATION) NO. (D.)		YEAR PLACED IN SERVICE (E.)		CAPACITY (IN THOUSANDS OF GALLONS) (F.)	
DIAMETER (FT) (G.)		LENGTH OF SEAM (FT) (H.)		NUMBER OF COLUMNS (I.)	
EFFECTIVE COLUMN DIAMETER (FT) (J.)		TYPE OF CONSTRUCTION (K.) <input type="checkbox"/> Riveted <input type="checkbox"/> Welded		TYPE OF ROOF (L.) <input type="checkbox"/> Internal <input type="checkbox"/> External	
PRIMARY SEAL (M.) <input type="checkbox"/> Metallic Shoe <input type="checkbox"/> Vapor Mounted <input type="checkbox"/> Liquid Mounted		SECONDARY SEAL (N.) <input type="checkbox"/> None <input type="checkbox"/> Rim Mounted <input type="checkbox"/> Shoe Mounted <input type="checkbox"/> Weather Shield			
AREA OF DECK (SQ FT) (O.)		DECK (P.) <input type="checkbox"/> Bolted <input type="checkbox"/> Welded		SHELL CONDITON (Q.) <input type="checkbox"/> Light Rust <input type="checkbox"/> Dense Rust <input type="checkbox"/> Gunite Lined	
THROUGHPUT (IN THOUSANDS OF GALLONS PER YEAR) (R.)					
<b>CHEMICAL INFORMATION</b>					
CHEMICAL (S.)		CAS NUMBER (T.)			
VAPOR MOLECULAR WEIGHT (U.)		LIQUID DENSITY (LB/GAL) (V.)			
VAPOR PRESSURE AT STORAGE TEMPERATURE (PSIA) (W.)					



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## Emission Information for Air Construction Permit Application

Form 2.7 Haul Road Fugitive Emission Information (duplicate this form as needed)

INSTALLATION NAME (a.)				PLANT NO. (b.)
<b>HAUL ROAD INFORMATION</b>				
POINT NO. (c.)	SCC (d.)	SURFACE MATERIAL OF ROAD (e.)	LENGTH OF ROAD (MILES) (f.)	SILT CONTENT (%) (g.)
TYPE OF DUST CONTROL (CHOOSE ONE)(h.)				
<input type="checkbox"/> Surfactant Spray <input type="checkbox"/> Water Spray <input type="checkbox"/> Other (specify)				
<input type="checkbox"/> Water Spray Documented <input type="checkbox"/> No Controls				
<b>HAUL TRUCK INFORMATION</b>				
UNLOADED TRUCK WEIGHT (TONS) (i.)		AVERAGE WEIGHT OF MATERIAL PER LOAD (TONS) (j.)	AVERAGE LOADED TRUCK WEIGHT (TONS) (k.)	
NUMBER OF WHEELS (L.)		AVERAGE TRUCK SPEED (MPH) (m.)		
<b>MATERIAL HAULED INFORMATION</b>				
TYPE OF MATERIAL(S) HAULED (n.)		ANNUAL AMOUNT HAULED (TONS) (o.)	MAXIMUM HOURLY AMOUNT HAULED (TONS) (p.)	
Comments:				

## Form 2.8 Storage Pile Information (duplicate this form as needed.)

<b>STORAGE PILE INFORMATION</b>				
POINT NO. (d.)	SCC (e.)	TYPE OF MATERIAL STORED (f.)	MOISTURE CONTENT (%) (g.)	
AREA OF STORAGE PILE (ACRES) (h.)	STORAGE DURATION (DAYS) (i.)	SILT CONTENT (%) (j.)		
ANNUAL AMOUNT STORED (TONS) (k.)			MAXIMUM HOURLY AMOUNT STORED (L.)	
RAW MATERIAL LOADING METHOD (CHOOSE ONE) (m.)				
<input type="checkbox"/> BARGE <input type="checkbox"/> RAIL <input type="checkbox"/> TRUCK <input type="checkbox"/> CONVEYOR <input type="checkbox"/> OTHER (SPECIFY)				
RAW MATERIAL UNLOADING METHOD (CHECK ONE) (n.)				
<input type="checkbox"/> BARGE <input type="checkbox"/> RAIL <input type="checkbox"/> TRUCK <input type="checkbox"/> CONVEYOR <input type="checkbox"/> OTHER (SPECIFY)				
Comments:				



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**Emission Information for Air Construction Permit Application**

**Form 2.T Hazardous Air Pollutant Information** (duplicate this form as needed)

INSTALLATION NAME (A.)			PLANT NO. (b.)
<p>Use this form to report any hazardous air pollutant (HAP) expected to be handled in amounts greater than 20 pounds per year. The instructions for this form provide a list of the HAPs regulated under the Clean Air Act. The amount emitted should be reported before control equipment reductions are applied. Be sure to include the MSDS for any material containing HAPs.</p>			
POINT NO. (c.)	SCC (d.)		
HAP CHEMICAL (e.)	CAS NUMBER (f.)	AMOUNT USED OR EXPECTED TO BE HANDLED (LBS/YEAR) (g.)	UNIT S (h.)
<p><b>NOTE: Attach Material Safety Data Sheets (MSDS) for Verification</b></p>			
<p>Comments:</p>			



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**Emission Information for Air Construction Permit Application**  
**Form 3.0** Comment Sheet (duplicate this form as needed.)

INSTALLATION NAME (a.)	PLANT NO. (b.)
EMISSION POINT NO. (c.)	
COMMENTS:	



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## OFFICE USE ONLY

DATE RECEIVED

APPROVED BY:

FEE PAID:

DATE APPROVED:

CHECK NO.:

## PORTABLE SOURCE RELOCATION REQUEST

NAME OF INSTALLATION/COMPANY

INSTALLATION/COMPANY STREET ADDRESS

INSTALLATION/COMPANY MAILING ADDRESS

FROM CURRENT LOCATION

TO PROPOSED LOCATION

ESTIMATED LENGTH OF TIME AT NEW LOCATION [NOT TO EXCEED TWO YEARS]

Years Months

PROJECTED DATE TO COMMENCE RELOCATION:

Month Date Year

PROJECTED DATE TO COMMENCE OPERATION:

Month Date Year

NAME OF PROPERTY OWNER OF NEW LOCATION

ADDRESS

CITY

STATE

ZIP

NAME OF INDIVIDUAL RESPONSIBLE FOR OPERATION OF PORTABLE EQUIPMENT AT NEW LOCATION:

PHONE NUMBER/CONTACT INFORMATION:

ENGINE SPECIFICATIONS

HORSEPOWER \_\_\_\_\_ TYPE OF FUEL BURNED : DIESEL ☐ GASOLINE ☐ OTHER \_\_\_\_\_

MAXIMUM PRODUCTION VOLUME (CUBIC YDS/HOUR)

TOTAL AREA OF SITE (ACRES)

DISTANCE FROM PORTABLE EQUIPMENT TO NEAREST OFF-SITE BUILDING (FEET)

KANSAS CITY PERMIT # FOR EQUIPMENT TO BE RELOCATED:

CONTROL EQUIPMENT: DUST CONTROL IS REQUIRED AT ALL TIMES, SPECIFY TYPE OF DUST CONTROL:

EQUIPMENT MANUFACTURER:

EQUIPMENT MODEL NO.:

Is this a new site for this equipment? YES NO

Will other air contaminant sources not listed in this request be operating concurrently at this same location? YES NO (Check one only)

Please attach a map of the area showing property boundary, distance and direction to the nearest off-property area. Show locations and orientation of all portable equipment. Show haul roads and storage piles.

**APPLICANT'S CERTIFICATION STATEMENT:** I certify that I have personally examined and am familiar with the information in this application and believe that the information submitted is accurate and complete. I have read and understand the following statement:

It is a violation of 10 CSR 10-6.170 Restriction of Particulate Matter to the Ambient Air Beyond the Premises of Origin to operate a commercial or industrial installation without applying reasonable measures as may be required to prevent, or in a manner which allows or may allow, fugitive particulate matter emissions to go beyond the premises of origin in quantities that the particulate matter may be found on surfaces beyond the property line of origin. It is a violation to cause or allow to occur any fugitive particulate matter emissions to remain visible in the ambient air beyond the property line of origin. Non-compliance may result in monetary penalties.

SIGNATURE OF RESPONSIBLE MEMBER OF THE COMPANY

DATE

TYPE OR PRINT NAME OF PERSON SIGNING

TITLE OF PERSON SIGNING

TELEPHONE NUMBER



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**RELOCATION APPLICATION INSTRUCTIONS/PROCEDURES**

1. Please provide all of the information requested in the application.
2. Each application must be signed by a responsible member of the organization that will operate the installation, or by a responsible member of the organization that owns the installation.
3. The owner must hold a valid, original air construction permit for the portable installation. Even equipment, for which a permit originally was not required, must be permitted to move.
4. Portable equipment approval may continue for a maximum operational time of 24 consecutive months without an intervening relocation.
5. If the portable equipment is to be moved to a site not listed on the original permit, the owner or operator must submit a "Permit Amendment Application." The amendment will be approved under the following conditions:
  - a. The facility is in compliance with the original permit conditions and all applicable regulations;
  - b. The plant is not expected to cause air quality problems at the new location;
  - c. The request is received at least 21 days prior to the proposed move; and
  - d. The equipment will be at the new location no longer than 24 consecutive months.
6. Complete Form 2.7, Haul Road Fugitive Emission Worksheet, and Form 2.8, Storage Pile Worksheet, as applicable to this installation. These forms are included with the application package.
7. Return completed application to:

KCMO Health Department  
Air Quality Program  
2400 TROOST AVE, SUITE 3200  
Kansas City, MO 64108

